

r. Chairman and Committee Members:

My name is Clarence "MAC" McGee. My home is in Berkeley County South Carolina.

Thank you for granting me this opportunity on behalf of my fellow Legionnaires and Veterans of the First Congressional District. I would like to extend appreciation to South Carolina 1st District Congressman Brown and the Veterans Affairs Committee and VA Health Subcommittee for their work on behalf of the Veteran's of this Community, State and Nation

This concerns the proposal of the merger of the Ralph H. Johnson VA Medical Center (VAMC) and the Medical University of South Carolina (MUSC) at Charleston, SC,

The American Legion is the Nation's largest Veterans Service Organization with over 3 million members who contribute millions hours in volunteer work in the VA Hospital in this community and in VA Hospitals around the Nation. The financial and volunteer service to our Nation's aging Veterans is unprecedented, making our VA system more community friendly and providing a needed service.

I have personally been a member of the American Legion for over 29 years, serving as Department Commander and on several National Committees. Presently I serve on the National Legislative Committee.

I am a Military Retiree, having served over 20 years and retiring as a Senior Non Commissioned Officer, with my service to this Nation taking me to many places, including VietNam.

For the past several years the VAMC and MUSC have enjoyed a contractual working relationship to provide services to the Veterans of this community. The VAMC working with MUSC is not a new concept, but it hoped that it is a

continuation and better experience for the Veterans of this community and that they will appreciate a better medical care delivery system.

- We are pleased to note that the Veterans Affairs overall budget has increased 40 percent since 2000, and are anticipating that future funding will keep pace with the needs of a growing and aging Veteran population.
- A local result of the latest Congressional Supplemental Appropriation, which infused additional monies into the Nationwide VA system, will soon be seen in the Myrtle Beach, Beaufort and Savannah VA Clinics through the addition of new administrative personnel that will allow clinical personnel to concentrate on giving medical care to Veterans.
- We are looking at an aging facility at the Charleston VAMC. With the uncertainty of future spending priorities forced on our nation by terrorism and natural disasters such as Katrina, this facility will not be replaced at any time in the foreseeable future. We as Veterans are pleased with any improvement in serving the needs of the Veterans in our Community. To many Veterans, the VAMC is their only means of obtaining medical care and services. These men and women have in many cases paid with their health. Our responsibility to them is a debt that cannot be paid. To give them the care that they deserve, through whatever vehicle, is the right thing to do. The proposal offered in cooperation with the Medical University of South Carolina sounds good. The question that is most often asked of me by Veterans and their dependents is simply, "Will it remain a Department of Veterans Affairs hospital?" Maintaining the identity of that facility is important, and that assurance, along with ample space to transact VAMC and Veterans business

is critical as this transition goes forward, and we, as Veterans, want that assurance from all parties involved in these negotiations.

- Regarding the planned VA Clinic that is being constructed in conjunction with Navy Super Clinic at the Naval Weapons Station, Veterans want absolute assurance that the VA facility will not be taken over by D.O.D. for active duty military to the medical detriment of our Veterans.
- The following concerns voiced by Veterans are very important:
 1. What will be the impact on associated community out-patient clinics such as the VA / Navy Super Clinic just mentioned?
 2. Where there is a patient load conflict between MUSC & VAMC, how will protocol be established, by whom will it be established, and how will it be established? Will it be by the collaborative action of Medical University of South Carolina and VAMC?
 3. Will VAMC have its own pharmacy, especially to be responsive to known and growing out-patient needs?
 4. How will VA co-pay and 3rd party billing be affected?
 5. Will the new MUSC – VAMC relationship improve the delivery of timely medical care? (At present, the waiting time to be seen or to get an appointment at the VA Hospital is excessive).
 6. Will VAMC retain its current 83.5 resident positions?
 7. Will the supervising physicians be Board Certified? (This question arises often).
 8. The final proposal must constitute a substantial improvement over services currently provided the Veterans from the Low Country.

Currently VAMC Charleston contracts with MUSC for specialty services at a cost of approximately \$17 million annually. Have we been getting our money's worth to date, and will there be a measured improvement to the VA patients served as a result of this merger?

9. Charleston VAMC has greater experience in providing care to Veterans and represents a familiarity that may be lost if the two merge. The fear is that VA will be swallowed up by this much bigger medical facility and lose its personal touch with the Veteran. Will the present VA staff be incorporated in such a manner that their experience will continue to convey to their VA Patients?

10. Our local Veterans are apprehensive that services will be reduced and healthcare needs unmet if the proposed merger takes place.

- As the Spokesman for the American Legion and the Veterans of this community, we insist that the proposed merger provide all that is included in an improved level of healthcare to our Low Country Veterans who have bourn the battles that have given us the gift of freedom that we all enjoy and who now suffer the physical consequences of their service.